

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 2013-550		OH-2 OH-3		Lebanon Police		0830300		ODHS USE ONLY - 00 NOT MARK ABOVE		
REPORT TAKEN	<input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED	2	CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS	<input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150	HIT SKIP	<input checked="" type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED	
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY		LEBANON		DATE OF CRASH 11/13/13		TIME: MILITARY 0948		
CRASH OCCURRED ON		917 COLUMBUS AVENUE		WITHIN THE INTERSECTION OF						
IF NOT IN INTERSECTION		N MILES FEET W S E OF		(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)		CITY CODE				
LOC 1		LOC 2		LOC 3		LOC 4		LOC 5		
A	UNIT NO. 1	NO OF OCCUPANTS 1	OPERATING	<input checked="" type="checkbox"/>	PARKED	<input type="checkbox"/>	DRIVERLESS	<input type="checkbox"/>	HIT & RUN NON CONTACT	
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) DAWSON, DONALD W					ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 9140 DAYTON OXFORD ROAD, FRANKLIN OH 45005					
PHONE NO. 937.684.5757		BIRTH DATE 11/46/54	AGE 58	SEX M	SOCIAL SECURITY NO.		STATE OH	DRIVER'S LICENSE NO. RF503534	OCCUPATION	
OWNER (IF SAME AS DRIVER, WRITE SAME) Same					ADDRESS Same					PHONE
VEH YR	2012	MAKE	CHEV	MODEL	TK	COLOR	RED	STYLE	TK	
STATE	OH	LICENSE PLATE NO.	ERZ2467	TOWING SERVICE		VEH/PED DIR FROM 5 TO N				
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		
FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE										
8	UNIT NO. 2	NO OF OCCUPANTS 0	OPERATING	<input type="checkbox"/>	PARKED	<input checked="" type="checkbox"/>	DRIVERLESS	<input type="checkbox"/>	HIT & RUN NON-CONTACT	
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) BYRD, LINDA K					ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 622 RIDGE ROAD, LEBANON OH 45032					
PHONE NO.		BIRTH DATE m d y	AGE	SEX	SOCIAL SECURITY NO.		STATE	DRIVER'S LICENSE NO.	OCCUPATION	
OWNER (IF SAME AS DRIVER, WRITE SAME) BYRD, LINDA K					ADDRESS 622 RIDGE ROAD, LEBANON OH 45032					PHONE 513.267.2291
VEH YR	2011	MAKE	CADILLAC	MODEL		COLOR	SILVER	STYLE	SW	
STATE	OH	LICENSE PLATE NO.	FFC1917	TOWING SERVICE		VEH/PED DIR FROM N TO S				
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		
FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE										
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE m d y	AGE	POSITION A B C D E F		INJURIES A B C D E F		
ADDRESS		Same		PHONE		SEX				
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE m d y	AGE	POSITION A B C D E F		INJURIES A B C D E F		
ADDRESS				PHONE		SEX				
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE m d y	AGE	POSITION A B C D E F		INJURIES A B C D E F		
ADDRESS				PHONE		SEX				
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE m d y	AGE	POSITION A B C D E F		INJURIES A B C D E F		
ADDRESS				PHONE		SEX				
P-PEDESTRIAN										
RESTRAINTS										
ALCOHOL										
EJECTION										
DRUGS										
RECEIVED CALL		DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES				
DATE REPORT FILED		PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY					
1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE		1 NO ALCOHOL DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLEGAL DRUG								

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION

LOCAL FILE NO.